

STATE OF SOUTH CAROLINA

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for Class C Taxi
certificate from Dwayne
Tyrone Jones

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

216735

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-195-T

Posted: 6/1/09

Dept: S.A.

Date: 5/14/09

Time: 4:20

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Dwayne Tyrone Jones

Address: 617 N Brunson St

Florence SC 29506

Telephone: 843 245 8383

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☒ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED

MAY 14 2009

PSC SC

DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 ATTN: DOCKETING DEPARTMENT
 101 EXECUTIVE CENTER DRIVE
 COLUMBIA, SOUTH CAROLINA 29210
 (Mailing address: Post Office Box 11649, Columbia, SC 29211)
 Office # (803) 896-5100 - Fax # (803) 896-5199

CLASS C - TAXIDATE May 12, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
 NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Dewayne Tyrone Jones

2. (a) Street Address of Applicant 617 N. Bronson St.
Florence, SC 29506

(b) Mailing address, if different from street address _____

(c) Telephone Number 843-245-8383 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.



7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: May Year: 2009

Assets:	
Cash	500.00
Receivables	
Real Estate	
Buildings and Equipment-Net	500.00
Motor Vehicles-Net	4000.00
Garage Equipment-Net	200.00
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	5,200.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	car stand 3000.00 yr (starting in June)
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	Insurance 3600.00 yr
Total Liabilities	6,600.00 yr
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	6600.00 yr

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103 100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Florence

I, Dewayne T. Jones
(Name of Applicant's Representative)

owner
(Title)

of same, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

At Florence, SC

This the 12 day of May, 2009

(Notary Public)

Commission Expires: 2012

(Signature of Applicant's Representative)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Dewayne Tyrone Jones

For the transportation of passengers as follows:

Area to be served: State wideNumber of passengers: 5 passFares : \$ 5.00 / mileDate May 12, 2009 Dewayne T Jones
Byowner
Title

Rev.10/03

[illegible]

4

7

INSURANCE QUOTE

The following insurance quote is for:

Mary Lee Jones And Aubreyne JONES
(Name of Motor Carrier)
617 N. Brunson Street Florence, SC 29506
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance \$ 2,812.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Canal Ins. Company
(Insurance Company Name)
P.O. Box 7 Greenville SC 29602
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

05-14-09 Geraldene B. Cunha
Date (Authorized Insurance Company Representative)

Rev 5/07